



September 15, 2016

Centers for Medicare and Medicaid Services
7500 Security Boulevard,
Baltimore, MD 21244

Re: Public Comments to Kentucky's Proposed Waiver Amendment

Raising Women's Voices for the Health Care We Need is a national initiative working to ensure that the health care needs of women are addressed. We have a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities and members of the LGBTQ community. We have 30 independent regional coordinators in 28 states, including Kentucky Health Justice Network.

Kentucky Health Justice Network supports Kentuckians towards achieving autonomy in our lives and justice for our communities. We advocate, educate, and provide direct services to ensure all Kentucky communities and individuals have power, access, and resources to be healthy and have agency over our lives.

We write today urging you to reject provisions included in Kentucky's waiver that could particularly harm women. We applaud your rejection this month of Ohio's proposal and urge you to reject Kentucky's, which similarly seeks to go far beyond what any state has thus far been approved to do.

Women live in poverty at higher rates than men do and are much less likely than men to have employer-provided insurance in their own names.ⁱ Thus, even women with insurance are at greater risk than men of losing it following changes in their relationship status or in the family coverage offered by their spouse's employer. Unsurprisingly, women are more likely to fall into the Medicaid gap than men, and women of color are particularly vulnerable. In 2013, prior to expansion, a quarter of Black women and a third of Latina women were uninsured.ⁱⁱ

At the same time, women are more likely to face non-cost barriers to care. More than one in four low-income women (26%) delayed getting needed health care or skipped it altogether because they couldn't get time off of work, while one in five women with children (19%) did so because they couldn't find child care.ⁱⁱⁱ These factors make women more vulnerable to the policy changes Kentucky has proposed.

1- Premiums and Copays

A number of studies dating back to the 1970s have clearly documented the impact of even small premiums and “cost-sharing” requirements such as co-pays on access to care among low-income populations. For example, a 2004 study of Utah’s pre-ACA Medicaid waiver program found that requiring individuals below 150% FPL to pay a yearly fee of \$50 forced roughly one out of every 12 participants to drop out of the program after one year.^{iv} Although the Utah study did not break out affordability concerns by gender, women made up a disproportionate share of the total disenrolled population (55%).

These cost-shifting provisions are often framed as “skin in the game,” a way to prevent beneficiaries from getting care they don’t really need. But this population already faces significant non-cost barriers to care that force them to delay or skip treatment. Cost-shifting is not only a solution in search of a problem for this population, its practical effect is to prevent low-income households from accessing the care they really do need, turning manageable health problems into costly emergencies. A 2003 review of relevant literature found that even small premium increases led to dramatic drops in enrollment and that cost-sharing resulted in foregone treatment and greater hospitalization and emergency care.^v

These costs are felt even more strongly by women—who earn less, have fewer financial resources, and are more likely to be taking care of family members. Not surprisingly, then, significantly more women than men are forced to forgo care when costs increase.^{vi}

Thus, the evidence strongly suggests that strict premium requirements will prevent women from accessing much-needed care, unwind Kentucky’s significant gains in reducing the uninsured rate, and ultimately imposing higher costs on society in the future.

2- Non-Emergency Transportation

Traditional Medicaid covers the costs of non-emergency transportation to Medicaid-covered services, for example, covering the costs of a shuttle to a doctor’s appointment or a taxi cab to kidney dialysis. Researchers have found that providing this benefit is highly cost-effective over the long-run, ensuring that patients are able to access the kinds of routine and preventive services that mitigate the need for more expensive emergency care and hospitalization.^{vii}

In keeping with the gender disparity in overall poverty rates, a 2005 study by the National Academies of Sciences, Engineering, and Medicine found that the “transportation-disadvantaged” population was “disproportionately female (62.8% female versus 51.9%).”^{viii} And in a study conducted in 2013 prior to Medicaid expansion, the Kaiser Family Foundation found that nearly one in five low-income women nationwide (18%) cited transportation problems as a reason for forgoing medical care.^{ix}

3- Work Requirements

Using the waiver process to link work requirements to Medicaid eligibility, benefits, or cost-sharing will do little to increase employment. Not only are a majority of Kentucky’s Medicaid beneficiaries already working, from a public health perspective, it makes little sense to deny coverage that helps prevent the spread of disease, allows the mentally ill to access care, and

ensures that family members are able to care for individuals who might otherwise require more costly services like nursing homes.

But the consequences for women and people of color would be particularly severe. While women and men have had roughly equivalent unemployment rates post-recession, women are far more likely to work part-time or to be the primary caretakers for elderly parents and other family members, making them vulnerable to the kinds of hourly requirements Kentucky has proposed. In 2014, for example, women accounted for 66% of the part-time work force and only 41% of the full-time workforce.^x Likewise, since the 1940s, the unemployment rate among African Americans has been consistently double that of white Americans.^{xi}

Furthermore, we are alarmed by Gov. Bevin's threat to deny Medicaid to thousands of currently insured if this provision is not approved, and we strongly urge you to reject these coercive efforts to change the purpose of the Medicaid program before a terrible precedent is set.

In conclusion, we urge you to reject provisions whose impact would be particularly harmful to Kentucky's women and the gains they have made under the current expansion.

Sincerely,

Raising Women's Voices for the Health Care We Need
Kentucky Health Justice Network

ⁱ "Women's Health Insurance Coverage," Kaiser Family Foundation, February 2, 2016, <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

ⁱⁱ Eichner A, Gallagher Robbins K, "National Snapshot: Poverty Among Women & Families, 2014," National Women's Law Center, September 2015, <http://nwlc.org/wp-content/uploads/2015/08/povertysnapshot2014.pdf>

ⁱⁱⁱ Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

^{iv} "Utah Primary Care Network Disenrollment Report," Office of Health Care Statistics, Utah Department of Health, 2004, <http://health.utah.gov/hda/reports/PCN%20Disenrollment.pdf>

^v "Health Insurance Premiums and Cost-Sharing: Findings from the Research on Low-Income Populations," Kaiser Family Foundation, March 30, 2003, <http://kff.org/medicaid/issue-brief/health-insurance-premiums-and-cost-sharing-findings/>

^{vi} Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

^{vii} "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation," Transportation Research Board of the National Academies, October 2005, http://onlinepubs.trb.org/Onlinepubs/tcrp/tcrp_webdoc_29.pdf

^{viii} Ibid.

^{ix} Salganicoff A, Ranji U, Beamesderfer A, and Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

^x "Latest Annual Data," United States Department of Labor, 2014, http://www.dol.gov/wb/stats/latest_annual_data.htm

^{xi} Desilver D, "Black unemployment rate is consistently twice that of whites," Pew Research Center, August 21, 2013, <http://www.pewresearch.org/fact-tank/2013/08/21/through-good-times-and-bad-black-unemployment-is-consistently-double-that-of-whites/>